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ARMY NURSING*

By Nursing Sister Miss M. MacDonald, P.A.M.C.

Mr. President and members of the Association of Officers of the Medical Services of Canada: In the first place, may I be permitted to say, on behalf of the Nursing Sisters, how much we all appreciate the honor that has been shown us by the Association in extending to us the privilege of reading a paper on this occasion. We consider it a recognition, on your part, of the growing importance of the work in which we are engaged, and I should like to express the hope that much good may accrue to the Nursing Service as a result of the deliberations of this meeting.

I gladly take advantage of the opportunity presented to make some observations in regard to our Reserve of Sisters, and to point out what really seems absolutely necessary if this Corps is to reach the point of efficiency we are all anxious to see it attain.

Now, as there is evident at the present day a marked increase in the strength and efficiency of the Permanent and Active Militia Force as well as a notable development of new corps it behooves us to see that we are not overlooked nor left behind in this progressive march. The need of Nursing Sisters has in recent years been so widely and frequently demonstrated, that it is unnecessary for me to dwell on that particular point. The leading countries of the world have recognized this necessity, and have well organized Corps of Army Nurses, whilst the Red Cross Associations of England, Germany, the United States and Japan command the admiration of all.

The greatest and most pressing need at the present moment is an increase in our Reserve. This Corps now numbers less than thirty members who, in order to overcome the differences existing between civilian and military methods, and become familiar with Army Regulations, are given the opportunity of taking the four weeks' course provided by the School of Military Instruction at Halifax.

Under the existing regime, six of these ladies are received there twice yearly, in the months of May and September, thus qualifying at the rate of twelve per annum. The system is good as far as it

*Read before the Association of Officers of the Medical Services of Canada, Ottawa, 26th February, 1913.

goes, but it does not go far enough, nor does it go fast enough. At the above rate it will take from twenty to thirty years to qualify anything like an adequate number, by which time charter members would be eligible for retirement, so that the Corps would never be up to "fighting strength," and, in the event of a national emergency, our small establishment would be a mere drop in the bucket.

To this you will say, and quite rightly, that at such a time there would be scores of volunteers. You may not realize, what *I* have from personal experience, that a large proportion of this class are undesirables, who volunteer their services with every intention of giving little or nothing, and accepting free transportation and whatever other novelty the occasion presents. It will doubtless be argued that under present conditions, and with, possibly, a lack of funds, arrangements for the attendance of larger classes at the School of Military Instruction are not feasible.

The solution of this is a plan which is not original with me—it dates back to Mahomet—bring the Classes to the Nurses. The appointment of a qualified Instructor whose duties would be to recruit Nurses and organize classes in the various cities where the necessary Military Instruction could be given, thus making qualification possible to desirable candidates, many of whom, holding permanent civil appointments, are naturally disinclined to give these up, as is sometimes necessitated by attendance at the School of Instruction at Halifax. This method is not without precendent in other branches of the Service.

Then there is the great advantage which the appointment of Nursing Sisters to the annual Camp offers. You must all acknowledge that there is a vast difference between the methods of work in Civil and Field hospitals. The importance of this point cannot be too strongly urged nor too frequently mentioned.

What I particularly wish to bring to your notice is the disadvantage under which the earnest worker labors when she is called to active service. Her lack of familiarity with camp life and its varying conditions, her ignorance of the methods of procedure in all military matters is distressing, to say the least. It is true that, sooner or later, one acquires a thorough working knowledge of the sources from which supplies are obtainable, how, when and where to approach the guardians of these supplies, but this is gained at the expense of valuable time, which, under trying circumstances, might be much better applied.

To me, the "proper channels" were long a mystery, and the improper ones frequently led me into the most unexpected and embarassing predicaments. A friend of mine wittily expressed her introduction to a Field Hospital: "I was met by the Alphabet in the form of capital letters, 'P.M.O., O.C., M.O., S.M.O., O.M.O.,' and these," she added, "spelled nothing to me."

The military nurse to-day is a specialist in her profession to practically the same extent as are Public Health experts. The general medical practitioner is scarcely qualified to take charge of a military camp, where nowadays this work is done by men who are not only medical officers in good standing, but qualified health and sanitary experts as well. In the same way the nurse in civil practice who has not had military training is not in a position, nor can she be expected, to adequately deal with field problems. Only after careful instruction can one be prepared to meet with confidence and satisfaction, not only the routine work, but especially the many and complex conditions that arise on active service.

One of the most striking features in connection with the outbreak of the present war between the Balkan States and Turkey was the inadequacy of the Nursing Staff. While the Bulgarians, with some of the best officers Europe could furnish, with the best guns that were purchasable, and while their plan of campaign was almost perfect, carrying them from one victory to onother, still, their organization broke down when it came to nursing the sick and wounded. They had no reserve of Army Nurses and, though many civil nurses were available and many noble-hearted women gave their services, yet conditions were so different in the field, the results so disappointing and disastrous, that the offer of assistance from the German Red Cross Association was at once heartily welcomed and accepted.

The number of nurses of the C.A.M.C. Reserve at present in possession of any special training in this line is exceedingly small, and the number should be increased at the earliest possible moment. The prospect of nursing soldiers in time of war, with the possibility of foreign service, is one that will always have a great attraction for nurses, and there is not the least doubt in my mind that it would be very easy to increase the Corps to an organization numbering three hundred and extending from the Atlantic to the Pacific.

The first step toward the accomplishment of this end would be to take the Nursing world and, more particularly, the heads of the profession into confidence, and with co-operation there could be formed a corps of Nurses that would be available and prepared to meet any imminent national crisis.

But while at the present moment no war clouds darken our horizon, and the Angel of Peace hovers over the Empire, and while we all hope that such a state may long obtain, still we wish to feel that if War, with its attendant horrors, should ever come, the Nursing Reserve will be able to take its place in the great fight, will always be found ready for every duty, equipped for every work and equal to every emergency.

SIMPLE MEANS FOR THE PREVENTION OF PURULENT OPHTHALMIA IN INFANTS.

Prophylactic measures in the care of the eyes of the new-born, which is so important a part of the nurse's duty in obstetrics, are considered in minute detail in an article by Dr. Mark D. Stevenson in the Journal of the American Medical Association.

This paper was read in the section on Ophthalmology of the American Medical Association at the sixty-second annual session, held at Los Angeles in June, 1911. In the portion of the paper devoted to prophylactic measures following laobur, Dr. Stevenson says that on the completion of labour the child's eyes should always receive consideration and attention, as a large proportion of cases of ophthalmia neonatorum—Nance claims two-thirds—are not due to gonococcus, but to other pathogenic organisms, likely to be occasionally present in any woman's vaginal discharges. When the mother has leucorrhœa, especially gonorrhœa, as easily determined by the microscope as a chemical examination of the urine can be made, considering not only the great danger of the child becoming partially or totally blind, but also the various metastatic conditions (McKee, Stieren, Bull) possible and the increased infant mortality, it is certainly a sanitary crime not to use preventive measures. Pregnant women should be instructed to perform daily external cleansing with soap and water and a clean wash cloth, and if irritating or profuse white discharge is present, to consult their physicians.

Method.—After labour is completed, and the child removed from the mother, with clean hands and gauze, preferably dry absorbent, the child's face around the eyes and nose should be first wiped clean, wiping in a direction away from the eyes. Its eyelids, which should not be opened during this process, should likewise be carefully cleaned. (This does not sterilize the part of the face around the eyes, which is practically impossible, especially with any unirritating safe strength of antiseptic solution.) Next, the lids should be separated and, if there is no pus in the eyesac from an already established inflammation requiring treatment, one or two drops of 1 per cent. silver nitrate solution should be dropped between the outer ends of the lids. This amount and strength of silver nitrate does not require special neutralization, so that instillation of salt solutions is not necessary. Washing or cleaning the eyes with any solution, before or after using the silver, is not recommended, as it is likely to injure the epithelium on the cornea, and may wash infectious material from the partially cleaned face into the eye, or from one eye into the other. The slightest injury to the cornea, easily avoided, may be followed by corneal ulcer and loss of vision or eye-ball.

The lips and nose should be wiped free of mucus, and the little finger, wrapped with a piece of gauze, should be passed into the child's

mouth and any accumulated mucus removed by an outward sweep of the finger. To help prevent subsequent infections from the nose, I advise dropping one drop, not more, of 1 per cent. silver nitrate solution into each nostril. The general toilet of the face and body may then receive attention. If there is considerable swelling or reaction after the use of the silver solution, light cloths wrung out of cold water may be applied for fifteen minutes or one-half hour, but are not often necessary. Harmless bleeding occurs rarely and usually is probably due to unnecessary roughness in separating the lids.

If there is delay in labour after delivery of the head, some authorities advise immediate attention to the infant's eyes before delivering the body. Very rarely this might be advisable, especially if the eyelids become separated, but usually would not be good practice, as the accoucheur's and nurse's hands are not properly prepared to treat the eyes and might only infect them. The eyes would also be exposed to subsequent infections during labour.

AFTER-CARE.—In subsequent cleaning the child's eyelids and around the face and eyes, the nurse or attendant should be instructed to destroy all wipes, and not to use any cloths or solutions dirtied with the mother's discharges or that had been used previously cleaning any part of the child. They should always be instructed to inform the physician—and are compelled to do so under penalty of the law in many States—of any marked or continued discharge from or redness of the infant's eyes, especially if the lids become swollen or gummed together. Although by the use of prophylactic measures the severe and dangerous ophthalmias are almost entirely prevented, it should be understood that, for the first day or two, slight discharge and redness, due to the irritation of the solutions used, are not uncommon occurring approximately in 10 per cent. of the cases. This silver irritation quickly disappears, requiring only cleanliness and prevention of the lids gumming together. A few cold applications may be helpful. Repeated instillations of silver salts are not only unnecessary, but likely to prove harmful.

The eyelids are nearly always closed during labour, so that on opening the lids whatever germs gain entrance into the eyesac are probably from the eyelashes, or on or near the margin of the lids. Therefore, a drop or two of the silver solution placed in the outer portion of the eyesac, and swept across the eye by the closing of the lids, nearly always reaches all the germs present. It is quite different after inflammation is established and the germs have gained entrance, not only to the upper and lower folds of the sac, but into the recesses of the glands. It is not only necessary that prophylactic measures be used, and properly used, with attention to detail, but that continual care be exercised that the eyes do not become infected later. . . .—*Nurses' Journal of the Pacific Coast.*

A REVIEW LESSON IN BACTERIOLOGY

By A. A. Kennedy, Brandon, Manitoba.

Trained Nurses everywhere nowadays are conversant with the modern methods of disinfection and antisepsis, and of surgical technic. The absolute need of keeping these practical branches at our finger tips has resulted, to many of us who long since finished training, in a lack of detail of the earlier chapters of bacteriology. A synopsis of the history of this, to the nurse, all important subject may prove interesting as it recalls and probably fixes in the mind the worthy achievements of men whose names mankind rightly honor.

The earliest recorded germ-theory we have dates from 1713, when a German, Kircher by name, claimed blood-corpuscles to be worms or living organisms, the activities of which were in some way associated with disease and decomposition. In 1775, Leeuwenhoeck of Holland, whose art was that of polishing lenses, produced a microscope whereby he saw and described various bacteria, (then called organisms), thus really beginning bacteriology. A mass of facts regarding these minute living organisms gradually accumulated, and various theories as to the connection of these organisms with disease were advanced, but observation was handicapped by the inefficiency of their microscopes. With increased facilities from time to time, attempts were made at a classification of facts and theories, and with this work is associated the names of Hoffman and Miller, but progress was slow for very many years. However, the supposition that the existence of disease was somewhat dependent upon germ life was apparently confirmed by scientific observations.

A marked advance was made in bacteriology when in 1843, Oliver Wendell Holmes expounded his belief in the transmission of infection, and published a paper on "Puerperal Sepsis," treating of its prophylaxis. This was a remarkable anticipation of our modern practical antisepsis. Independently of this theory of Oliver Wendell Holmes, Semmelweis in 1847, observed that puerperal fever was much more prevelant when the students came directly from an autopsy to the obstetric ward, and he required a definite wash of chlorine-water to be used for the hands. This practice was found to greatly reduce the, then high, mortality of obstetrical patients in hospitals.

About this time Pasteur experimented extensively on fermentation and putrefaction. His demonstrations were faultless and he showed that the fermentation of milk, wines, etc., was wholly dependent upon the entrance and activity of micro-organisms, and he explained a relationship between certain of these organisms and certain diseases. In 1857, an accurate germ-theory was presented by him. Lister readily accepted Pasteur's theory and adapted it to the treatment of wounds,

believing that as the germs from without produced fermentation in milk, etc., so also the germs from without were the cause of suppuration. He initiated exclusory precautions, the success of which in the treatment of wounds is most salutary, and the practice of which alone makes major surgery possible. With asepsis as the ideal condition to be attained, Lord Lister immediately endeavored to find or produce suitable antiseptic agents. In this he had material success, and the present day practical antisepsis is but applied Listerism with minor revisions and unlimited additions.

The specific germ of certain diseases now began to receive close study, and in 1763, Davaine, through his experiments on the bacterial nature of anthrax, gave us the basis of our knowledge of contagion. Then followed Koch to whom we owe so much. In 1880 he perfected his invaluable work on culture media, and in 1882, he discovered the bacillus tuberculosis, and worked extensively on this subject. Koch's name must ever be remembered in connection with our knowledge of tuberculosis. Previous to this he observed the typhoid bacillus, but Eberth in 1880, was the real discoverer.

So early as 1885, Pasteur suggested an antitoxin for hydrophobia, results from experiments of which were but vague and unsatisfactory. In 1890, Koch gave us tuberculin, a fluid of doubtful quality. These facts, however, place the names of these two men among the pioneers of the present serum-therapy, the open field of modern medical scientists.

SOME OBSERVATIONS ON FOREIGN NURSING AND SUGGESTIONS TO THE GRADUATE NURSE.

By Edward F. Stevens,
Hospital Architect, Boston and Toronto.

While making a comprehensive study of the hospitals of Europe, I devoted no little time to the study of the trained nurse—how she was housed, how she was treated, and how she treated those with whom she came in contact.

As an American, if I were to be treated in a hospital, I should prefer to have an American nurse to a German or Holland nurse. By this I do not mean to say that European hospitals and nurses give less care to the sick, but we get accustomed to certain ways of having things done by our own folks, and we like these ways better. So much, however, depends on the individual nurse in any case in any country.

One of the first hospitals I visited was in Holland, at Utrecht. Here the nurses were given an excellent training and were supplied with a very comfortable home, or Sister House, as it is called in Holland

and Germany. There the young woman in training, after one or two years, is called a nurse; after her three year course is completed she is called a sister, and is given charge of a ward, although this does not imply that she is a "Sister of charity," as we know sisters here; for in the northern hospitals of Holland and Germany there are comparatively few Catholic nurses, while in Southern Germany, Italy, and France, the greater part of the nurses are Catholic Sisters. The course at Utrecht is three years, with an additional year for obstetrics.

In Germany in the large hospitals the nurses seem to be older and, I understand, are trained outside the hospital—or at least many hospitals have no training school. Then, too, there are more male nurses for the men than will be found in our American hospitals.

There is one thing, however, which we can learn from the sisters of Europe, and this is almost universal cheerfulness. There is always a cheerful "Guten morgen" when you go in, and an "Adieu," when you go out, and always a smile and some pleasant comment, which we could not always understand, to be sure.

In Hamburg, I recall very pleasantly going through the Bethany Hospital, which is conducted by the German Deaconess' Association, and the cordial greeting we received everywhere from the nurses of the hospital. We were introduced as Americans, and were shown every courtesy by them. The sweet spirit which they showed to each other and to the patients, and the care they took that their sleeping patients should not be disturbed or troubled, their courtesy and respect for their superiors, might well be emulated by all American nurses. Do you realize how much sunshine you can bring into a sick room, on your face, if you only have it in your heart?

I contend that good air, good food, and good nursing (by which I mean good and cheerful nursing), are nine-tenths of the battle,—yes, I would almost say ninety-nine one-hundredths of the battle for health, so that I am putting a very high standard for you to live up to. But while I have given my opinion that cheerful nursing is so large a factor, judicious nursing and the carrying out of the orders of the attending physician are of the first and greatest importance; and while you may not prescribe for a patient, there are two ways of carrying out these orders. What I mean is that the health of the patient depends very largely on the way in which these orders are carried out—whether with cheerfulness and personality, or the mere mechanical working of a machine. While punctuality and accuracy are always to be maintained, one does not need to act as a machine.

You will be called to go into the homes of the rich and the poor alike, and the influence which you can exert upon the entire family in right hygienic living is not to be overlooked. You should use your influence to have, not only your patient, but the whole family observe

the laws of hygiene. You should endeavor to have the sleeping room flooded with fresh air. You should encourage (in the proper climate) the sleeping in the open air, for if this practice were followed, and if more of our aenemics could be brought to sleep and live in the open air, there would be less use for internal medicine.

Just here let me put in a little advice to the possible home-maker or one who may have some influence over the building of homes. Whatever other rooms you may plan for, do not forget the "Garden Room," as it is called in Holland, or the out-door living-room. This room should be large enough, not only for sitting, but the serving of the daily meals, and for sleeping at night; for with screens as protection from the insect pests, you have no idea of the comfort and health this will bring the household.

It may be that you will go to other institutions and to higher positions of responsibility. It is said that every American boy should have the ambition to become the President of the United States, so every trained nurse should have the ambition to reach the top of her profession and to be the BEST, and your calling will doubtless lead you to positions where your advice will be sought in the planning of new institutions, for it is generally the superintendent who has most to say in the planning of our institutions.

However small the hospital or ward you may have in mind, let these principles be your guiding star: (a) to give the PATIENT the best light, the best air, the most sunshine; (b) to plan for easiest access to the green grass of the fields; (c) to make provision for getting the food to the patient, hot, fresh, and palatable. While the operating department, the kitchens, and the toilets are very important and demand much careful study, the care and comfort of your patient is of foremost importance.

You may be called, as some of your mothers or grandmothers may have been, to nurse the soldier on the field of battle, but God forbid that it should be in our fair land. Here bravery and skill must go hand in hand. Here, without the conveniences of the hospital, you must meet every difficulty and be ready for any emergency. How many of our dear ones might have come back from the battlefield had our surgeons, to say nothing about the nurses, known the laws of hygiene and antisepsis which you have been taught!

My closing advice to you is: Wherever you go on your mission of mercy, whether in the home, the hospital, or on the field of battle, go with a determination to do your best, to bring sunshine into the sick room and to help every one with whom you come in contact.

EXAMINATION PAPERS

The following examination papers, kindly sent us by the Superintendent, were prepared for the Graduating Class, 1913, of Jeffery Hale's Hospital, Quebec.

Medicine.

1. Mention the more common symptoms met with in the commencement of a case of Typhoid Fever.

2. How would you feed, and what means would you take to relieve an **acute** attack of Indigestion?

3. Enumerate the different means of reducing Fever.

4. What does the throat look like in a severe case of Diphtheria?

5. What means would you take to relieve a woman suffering from an "Epileptic Fit?"

6. Describe the rash of Scarlet Fever. On what parts of the body does it first appear?

7. A child having swallowed a tack, what treatment would you resort to?

8. Differentiate between Subjective and Objective Symptoms.

9. Describe briefly what is meant by the following: (a) Antitoxine; (b) Phlebitis; (c) Varicose Veins; (d) Tympanitis; (e) Dyspnoea.

10. What are the symptoms of Pneumonia? Mention two common complications.

11. Case of poisoning by Carbolic Acid—what would you do if no doctor was at hand?

12. What are the different points to be noticed when taking the pulse?

13. What is Jaundice? Of what is it a symptom?

14. What precautions should be observed when using the Clinical Thermometer?

15. Describe one of the more common tests for Albumin in urine.

N.B.—Any ten questions to be answered.

Surgery and Anatomy

1. What is Empyema? State what you know about the operation for same.

2. If a needle were passed into the umbilicus and through it to the back, what structures would it traverse?

3. Define: (a) Simple; (b) Double; (c) Compound; (d) Complex; (e) Comminuted Fractures.

4. Where is the Brachial Artery?

5. What is inguinal Hernia?

6. Mention the bones which form the pelvis.

7. Describe the Hip Joint.

8. Classify Burns. Which cases are most likely to suffer from shock?

9. Describe: (a) Abscess (acute); (b) Abscess (chronic); (c) Ulcer; (d) Gangrene; (e) Fluctuation.

10. How would you prepare for dressing Cervix Uteri?

11. Where is the Oesophagus; Trachea; Ureters; Pancreatic duct; Uterus?

12. Name the bones and main arteries of the lower extremity.

13. Describe Portal Circulation.

14. What do you understand by Sim's position; Lithotony position; Genu-pectoral position?

15. What muscles enter into the Anterior Abdominal Wall?

N. B.—Answer any ten questions.

VANCOUVER GRADUATE NURSES' ASSOCIATION

The first annual meeting of the Graduate Nurses' Association of British Columbia, will be held in the Board of Trade Rooms, Vancouver, B.C., June 13th and 14th, 1913. The following is the programme:

FRIDAY, JUNE 13TH, 10.30 A.M.

Invocation, Rev. C. C. Owen.
President's Address, Miss Wright.
Sec-Treas'. Report, Miss E. Breeze.
New Business.
Election of Officers.

2 P.M.

Address of Welcome on behalf of Nurses, Miss E. Trew, Pres. V.G.N.A.

Reply, Miss McDonald, Supt. Royal Jubilee Hospital, Victoria, B.C.

Paper, "The Educational requirements for admission to Registration," Miss Scott, Supt. Royal Columbian Hospital, New Westminster, British Columbia.

Discussion, led by Miss Randall, Supt. Vancouver General Hospital.

Paper, "The Tubercular Situation in Vancouver," Miss Gillis.

Discussion, led by Miss Patten, Supt. Royal Inland Hospital, Kamloops, B.C.

SATURDAY, JUNE, 14TH, 10.30 A.M.

Paper, Miss Norcross, Victoria, B.C.

Discussion

Paper, "Social Service Work," Miss W. G. MacLeod, Vancouver, British Columbia.

Discussion, led by Miss Bone, Vancouver, B.C.

Enrollment of New Members.

Adjournment.

ANNUAL CONVENTION, ALBERTA.

The first Annual Convention of the Alberta Association of Graduate Nurses, was held in the Assembly Room of the Public Library, Calgary, on Tuesday, April 8th, 1913. Morning Session 9.30 a.m. Afternoon Session 2 p.m.

The morning Session was taken up with the members getting acquainted with each other. The nominating committee was appointed. Mrs. R. W. R. Armstrong read a paper on "A Surgical Case from a Nurse's Standpoint," which was very interesting, and gave many excellent ideas which should prove of much value to nurses in their work.

At the Afternoon Session, Dr. Pirie, of Calgary, gave a very interesting and instructive paper on "Summer Diarrhoea in Children."

Mrs. Manson, of Edmonton, read a paper on "Registration," which called forth a good deal of discussion. It was left to the Legislative Committee to draft a bill for Registration, to be presented to the Legislature next session.

The following officers were appointed for the ensuing year:

President—Mrs. R. W. R. Armstrong, Edmonton.

First Vice-President—Miss McPhedran, Calgary.

Second Vice-President—Miss Kingston, Red Deer.

Treasurer—Miss Agnes Hurcomb, Calgary.

Recording Secretary—Mrs. A. Fisher, Calgary.

Corresponding Secretary—Mrs. Manson, Edmonton.

Miss Bufton, Mrs. Campbell, Mrs. Armstrong and Mrs. Manson of Edmonton, attended the Annual Meeting of the Alberta Association of Graduate Nurses held in Calgary, on April 8th.

Miss A. L. Bufton, who has taken charge of the Registry, gave a tea for the nurses. About fifty nurses enjoyed the social hour together.

MISS MARY ARD MACKENZIE, R.N.

Miss Mary Ard Mackenzie, R.N., who has been Chief Superintendent of the Victorian Order of Nurses of Canada since March, 1908, was born and educated in Toronto. She graduated with honors in Modern Languages, from Toronto University in 1892. She is also

a graduate of the Ontario School of Pedagogy, Specialist standing, 1893.

Miss Mackenzie began her career as Teacher of Modern Languages in Bowmanville, Ontario, High School, where she taught for four years —1893 to 1897.

In 1898 she was Principal of the Church School, Sherbrooke, Quebec.

Miss Mackenzie then turned her attention to the study of nursing, and graduated from the Massachusetts General Hospital, Boston, and

Miss Mary Ard Mackenzie, R.N.

Sloane Maternity Hospital, New York, in 1901; and is an R.N. of New York, 1904. Since her graduation she has held the following positions: Head Nurse in Massachusetts General Hospital; Superintendent Vincent Memorial Hospital and Training School; Superintendent Margaret Pilsburg General Hospital and Training School; Superintendent Brooklyn General Hospital Training School; Private Nursing, District Nursing and Small-pox Nursing in Washington, D.C., and District Nursing in Chicago.

Miss Mackenzie at present holds the important position of Chief Superintendent of the Victorian Order of Nurses of Canada.

AN ACT RESPECTING "THE MANITOBA ASSOCIATION OF GRADUATE NURSES."

Whereas the profession of nursing the sick is extensively practised in the Province of Manitoba, and it is expedient for the protection of the public that a certain standard of qualifications should be required of each practitioner of the said profession, and a certain measure of protection should be afforded to such practitioner possessing the said qualifications; and whereas Frederica Wilson, Kate A. Cotter, C. M. Bowman, J. T. Ramsay, Ida M. Hill, Elizabeth Moody, Clara M. Hood, Annie S. Rathbone, Ida K. Bradshaw, E. Birtles, E. Beveridge and Bertha Andrews, together with other persons possessing the qualifications necessary for the practice of the said profession, have formed themselves into an association known as "The Manitoba Association of Graduate Nurses," and have by their petition prayed that they may be incorporated for the more effectual carrying out of the aims and objects of the said association, with the powers hereinafter provided, and it is expedient to grant the prayer of the said petition;

Therefore His Majesty, by and with the advice and consent of the Legislative Assembly of Manitoba, enacts as follows:

1. Frederica Wilson, Kate A. Cotter, C. M. Bowman, J. T. Ramsay, Ida M. Hill, Elizabeth Moody, Clara M. Hood, Annie S. Rathbone, Ida K. Bradshaw, E. Birtles, E Beveridge and Bertha Andrews, and such other persons as are now or may hereafter become members of the said association, are hereby constituted a body corporate and politic, in law and in fact, under the name of "The Manitoba Association of Graduate Nurses," and by that name may sue and be sued, plead and be impleaded, in all courts and places whatsoever. The said association shall have perpetual succession and a common seal, and shall have power from time to time to renew, alter or break the said seal.

2. The said association shall have power to acquire and hold real estate, not exceeding at any time an annual value of five thousand dollars, and to alienate, exchange, mortgage, lease or otherwise charge or dispose of the same or any part thereof as occasion may require; and all fees, fines and penalties receivable or recoverable under this Act shall belong to and be the property of the association.

3. The said association may pass by-laws not inconsistent with this Act for—

(a) The government and discipline of its members;

(b) The management of its property;

(c) The registration and admission of members;

(d) For all such purposes as may be necessary for the management and working of the association.

4. The affairs of the association shall be under the management of a board of managers, composed of twelve members, each of whom must be a member in good standing of the association. The said board shall be elected annually, at a meeting of the members called for that purpose, or at the annual meeting of the members of the association, or in such manner as the by-laws of the association may provide. The election of the said board and all other questions voted on at a meeting of the members of the association, shall be decided by a plurality of the votes of the members present in person, or in such other manner as may be provided by by-law, each member in good standing being

entitled to one vote. The said board of managers shall remain in office for the period or periods fixed by the by-laws of the association, and shall continue in office until their successors are appointed. If a member of the said board of managers resign, or should any vacancy or vacancies occur by the death of any member or members, or otherwise, the remaining member or members of the said board shall have power to fill the vacancy or vacancies by the election of a duly qualified member of the association, who shall act until the next annual meeting of the association.

5. The persons named in the first section hereof shall constitute the first board of managers, and they shall hold office until their successors are appointed in accordance with this Act or the by-laws of the association.

6. The board of managers shall have power to make by-laws, rules and regulations not contrary to law or the provisions of this Act, with power to amend, repeal and re-enact the same, for all purposes relating or bearing on the affairs, business and property of the association, its management, government, aims, objects and interests; the issue of registration certificates; the appointment, functions, duties and removals of all officers or servants of the association, their remuneration; the time at which and place where the annual meetings of the association shall be held; the fixing of the amount of the annual and admission fee and the collecting thereof; the suspension and expulsion of members; the examination of applicants for registration and the conduct in all particulars of the affairs of the association; but every such by-law and every repeal, amendment and re-enactment thereof, unless in the meantime confirmed at a general meeting of the association duly called for that purpose, shall only have force until the next annual meeting, and in default of confirmation thereat shall at and from that time only cease to have force.

7. All persons who have been for at least one year previous to the coming into force of this Act practising the said profession in Manitoba shall be entitled to be registered upon producing evidence satisfactory to the Registrar of the University of Manitoba, of their having so practised; but no person shall be registered under the provisions of this section after the first day of July, 1916.

8. Except as hereinafter provided, any person, resident of the Province of Manitoba, being over the age of twenty-one years, and of good moral character, holding a diploma from a training school for nurses connected with a recognized hospital giving a course of training as provided in section 8 of this Act, shall be entitled, upon the production of such diploma, to be registered under this Act.

9. Except as hereinbefore provided no person shall be entitled to be registered after the coming into force of this Act unless he or she shall have followed a regular course of training in the following branches of the profession:

Female Nurses.

(a) Medical nursing, including materia medica;

(b) Surgical nursing, including operative technique and gynaecological nursing;
(c) Obstetrical nursing (at least seven cases);
(d) Diseases of children;
(e) Contagious diseases;
(f) Dietetics.

Male Nurses.

(a) Medical nursing, including materia medica;
(b) Surgical nursing, including operative technique;
(c) Genito-urinary diseases;
(d) Diseases of children;
(e) Contagious diseases;
(f) Dietetics.

Such training to be for at least three years within a recognized hospital having a daily average of five patients, where there may be a complete course of training, or in any hospital maintaining a training school but with less than an average of five patients daily, provided that such hospital is affiliated with a larger hospital where the course of training hereinbefore provided may be completed; provided, however, that any nursing done or training received outside the hospital, if done or received under supervision of a registered nurse or qualified Practitioner, shall be deemed to be training received within the hospital.

10. All examinations and matters pertaining thereto under this Act shall be determined and conducted by and under the direction of the council of the University of Manitoba, who shall appoint the examiners therefor.

11. Every person registered under this Act shall be known as a registered nurse, and any person not being registered under this Act assuming such title, or using the abbreviation "Reg. N.," or in any manner representing that he or she is a registered nurse, or by false or fraudulent declaration attempting to procure registration under this Act, shall be liable, upon summary conviction before a police magistrate or justice of the peace, to a fine of twenty-five dollars, and, in default of payment, to imprisonment for a period not exceeding six months.

12. This Act shall come into force on the day it is assented to.

ANNUAL MEETING

The Annual Meeting of the Manitoba Graduate Nurses' Association was held in the Nurses' Residence of the Winnipeg General Hospital on Tuesday, March 25th, at 4 p.m. After the regular business, the election of officers took place and resulted as follows: President, Miss Cotter (acclamation); First Vice-President, Miss Bowman;

Second Vice-President, Miss Starr; Secretary, Mrs. Willard Hill (re-elected); Treasurer, Mrs. Skaife; Conveners of Committees—Sick Visiting, Miss Champion; Social, Miss Gould; Lookout, Miss Meehan; Press, Miss Bertha Andrews.

During the year the sick members of the Association had been visited and remembered with flowers which were greatly appreciated. The Social Committee was called upon to serve tea twice. The Lookout Committee was most active in securing new members, and the Legislation Committee was successful in securing legislation.

The Association has also voted $12.50 for Mission Work, which is a new venture on its part.

A very hearty vote of thanks was tendered the retiring officers for their good work during the year. Tea was then served, through the kindness of the Hospital Authorities, and the year was closed with a most enjoyable social hour.

HINTS FROM A CORRESPONDENT.

Fall River, Mass., reports the highest death rate among infants! Employment of mothers in the mills has been shown by investigation to have seemingly made little difference, though various other probable causes exist, which remain to be remedied.

Here is an opportunity for some well-trained French-Canadian nurses to take up pre-natal and baby hygiene work among their countrywomen! Speaking the language and of the people, they would meet a confidence and willingness to adopt new methods which would go unheeded if advised by another.

The manner of administering artificial food to infants, as described in the diary of Mme. Louise Bamglois, the midwife who assisted at the birth of the Dauphin, afterwards Louis XIII., has at this date by no means fallen into disuse. We have seen bread, carefully masticated, given a very little baby in this truly bird-like fashion.

A lady physician, in a recent lecture on "Hygiene for Women," complimented the increasing number of young mothers among the wealthy class who give personal care, as well as intelligent supervision to the rearing of their children. An instance given was that of a former society girl, now the mother of four children, born within seven years. After the departure of the trained nurse, who was in charge for two months after her confinements, she had taken full charge of bathing modification of milk when needed, sterilizing bottles, etc. During these seven years a physician had been called in only at the different births.

No greater proof of the value of work done by district nurses can be shown than the abandonment of plans for an addition to our asylum for the blind. No cases were reported last year.

"The greatest triumph of preventive medicine," is the term applied to typhoid vaccine! Mr. Mark Richardson, lecturing on "Public Health," at Harvard Medical School, asserted that over one hundred persons preparing to go upon long journeys had within the past two years applied for the vaccine and been innoculated as a precautionary measure before leaving home. The wisdom of this procedure should be explained to travellers. The State Board of Health furnishes vaccine free, on application of any physician in Massachusetts.

The State Nurses' Association has prepared an amendment to chapter III. of the State Registration Act, and will ask for the appointment of a woman inspector of training schools for nurses.

PREVENTABLE DEFORMITIES:—The late Congress of Surgeons in New York and the wonderful work shown there, brings out the truth of what an orthopœdic surgeon recently said, "That nearly all deformities can now be prevented if attended early; if they remain it will be the fault of the parent, the child, or the surgeon." Hunch back, bowed legs, or club foot, need no longer attract the attention of a passer-by to the unfortunate one.

A study of X-ray pictures throws much light on various disturbances of digestion and circulation which have been found due to a faulty position. When a person habitually stands or sits with head bent over on the chest, shoulders stooping, body drooping, the large organs are thus pushed out of place, and crowd upon each other with resulting impairment of function.

A correct position standing or sitting means head erect with uplifted chest. When stooping is necessary, bend with the body.

PREPARE FOR PREVENTABLE ACCIDENTS TO THE EXPECTANT MOTHER:

Keep bowels open.

Watch urine carefully; if at all suspicious, have it examined every week.

If disturbed at night, rest during semi-quiet part of the day. Don't lie around, without exercise. Keep active and get out of doors some part of every day.

Don't overwork, lift, or try to move heavy articles, or carry a child upstairs who is able to walk.

Riding in an automobile is a frequent cause of miscarriage; the front seat is said to be less harmful than the rear.

Any disturbance of vision, pain in head, swelling of hands or face, should be reported to the physician without any delay.

Many women over-eat fat-forming foods. Ordinary plain, easily digested food, with plenty of fruit, and little meat in the last month, unless ordered a special diet.

A well-known obstetrician says: "The woman should prepare for labour as an athlete for a contest."

THE LADY OF THE BLUE BELT.

You come white-aproned, capped in white,
The Belt of office round your waist;
You move, a joy to pain-racked sight,
With no apparent sign of haste;
Yet somehow swiftly in your train
Chaos to order neat gives place,
And anxious brows grow smooth again
Before your reassuring face.

For calm and cheerful you distil
Fresh founts of courage everywhere,
And on the shoulders of your skill
We lay the burden of our care.
No longer ours in trembling fear
The reins of Destiny to guide;
No problems now; "The Nurse is here;
The Nurse knows best, let her decide!"

Forgetting nothing, night or day,
Prepared for aught that may arise,
What wondrous patience you display!
What sympathy from gentle eyes!
And you of course no pity need,
Must feel no weariness of limbs;
Yours but the Doctor's word to heed
And suit your patient's thousand whims.

Many for parents, husband, wife
Or child to heights undreamt of soar;
You give the best years of your life
And strength for those unknown before;
It matters not a whit if they
Be rich or poor, be old or young;
The helpless call and you obey
The summons of a stranger's tongue.

And all for what? That you may earn
A pittance bare on which to live?
That you may win the due return
Of grateful friendship that we give?
Nay, but for love that all may claim;
For Love that, counting not the price,
Within your heart has fanned to flame
The fire of true self-sacrifice.

—O. P., in *Nursing Journal of India.*

THE SCHOOL NURSE

The nurses engaged in public health work in Vancouver, have formed an Association, to be known as "The Public Health Nurses' Association." It is composed of the School Nurses, the Social Service Nurses, Tuberculosis Nurses and Victorian Order Nurses. Miss Hall, Local Superintendent of the Victorian Order of Nurses, has been elected President, and Miss McLellan, of the School Nursing Staff, Secretary.

Miss Swan has been appointed School Nurse in Victoria, B.C.

During the month of March the School Nurses in Vancouver made 309 home visits, and were successful in obtaining treatment for 398 cases.

The regular monthly meeting of the Canadian Public School Nurses' Association was held on Monday, May 5th, at the Club House, 295 Sherbourne St., Toronto. Owing to the beautiful day the meeting was held on the lawn.

Dr. Struthers, Chief Medical Inspector, addressed the meeting. He spoke of Medical Inspection in its broadest sense, its outlook and possibilities for good, and growth, in those who put the best spirit into the work.

A hearty vote of thanks was tendered Dr. Struthers by the nurses, after which the meeting adjourned.

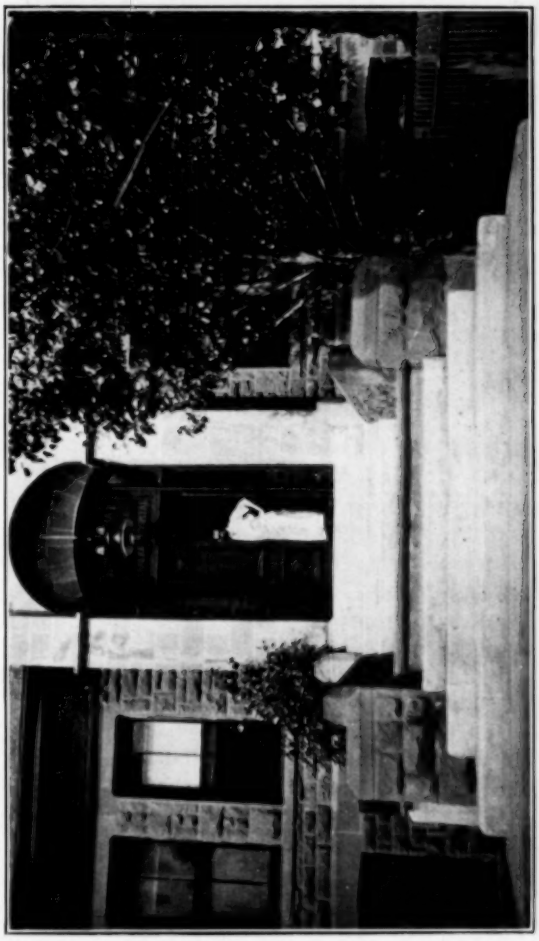
The history of a recent case will illustrate what takes place many times in the school nurse's visits.

In hunting for a family, the nurse knocked at a door to make enquiries, and was answered by a woman with her throat all wrapped up, hardly able to speak. She said she had a very sore throat, and the baby had the same, but being foreigners and poor she had not sent for a doctor. The nurse reported the history to the head office, which report was sent to Medical Health Office. An officer was depatched to swab the throats—both swabs being positive. Mother and baby were taken to the Isolation Hospital and cared for as they could not have been at home.

"In 1887, Hillscher in Vienna proposed the introduction of dental inspection and work for school children, and in 1894 this was demanded by Ritter before the Association for Internal Medicine, at Berlin. In Germany statistics were gathered, and these were first published in 1890. Already for two years, since 1888, Dr. Jessen at Strassburg, had been treating school children and soldiers gratis. This was the first step from theory to practice. Almost at the same time the dentists of Hanover began, at the suggestion of Kuhns, similar work, and then simultaneously at Strassburg and Darmstadt there were established the first dental infirmaries for school children."—Oral Health.

Miss V. Burnett, who has been on the staff for over two years, has resigned.

Miss Spry, of Toronto General Hospital, is taking Miss Burnett's place.



THE GENERAL HOSPITAL, MEDICINE HAT, ALBERTA.

CORRESPONDENCE

To the Editor, The Canadian Nurse,
Toronto, Ont.
Dear Editor,

A word regarding the editorial, "The Grading of Nurses." I would like to reply to this, and trust you may find space in your May issue for same. The editorial of which I speak appeared in the April number of the Canadian Nurse.

First, let me quote from Miss A. W. Goodrich's paper to which we were referred by you in the above editorial. "The occupational statistics of the United States show that 100,000 women are practising nursing, one out of ten only being hospital trained." This statement must make the thoughtful nurse ask if these 99,000 women who are caring for the sick are needed, and if they are, how did they prepare themselves for this very important work. Many of this great army of women may be measurably fitted by experience, etc., but many more may not be, and it is because of this last fact that some nurses (R.N.'s if you like) desire to either prevent these wholly ignorant women from taking up this important work or else insist on them knowing enough to make them truly responsible for the work undertaken.

We do not allow third class teachers to teach in our universities, neither do we condemn the teaching profession because they grant first, second and third class certificates of grading to teachers.

We can, perhaps, prevent third class nurses doing first class nurses' work (just as the educational department does with its teachers). At least, during this time when we are feeling for the best methods of caring for our sick everywhere, we surely should discuss openly various proposed plans without being, though, untrue to the nursing profession.

To quote again from your editorial, "The cause for which the great nursing body is struggling—a better type of woman, with a higher standard of education, that the sick in hospital and in homes among the rich and poor may have more efficient care, is bound ultimately to succeed." This may be brought about sooner if all true nurses will think, plan and submit suggestions to our conventions and magazines so that the very best may be gathered from all these various ideas, and finally acted upon.

Sincerely,

E. G. FOURNIER, R.N.

Editorial

EVIDENCE OF INTEREST.

The increased interest of the Nurses of Canada in "The Canadian Nurse," as evidenced by over two hundred new subscribers in Western Canada alone, is very encouraging to those upon whom the responsibility and the bulk of the work in connection with the Magazine falls.

Another encouraging note is the fact that some suggestions have been made, which the Directors are particularly glad to consider, for these show a lively concern for the welfare of our Magazine, where we were led to suppose only apathy dwelt.

One suggestion is that we open a "Question and Answer" Department, to enable Graduates to keep up-to-date.

While this has already been tried more than once, we will gladly try again, for the plan should prove helpful, and will, if the nurses will co-operate with the Directors in establishing and carrying on the department.

The other suggestions are receiving serious consideration, and we hope to show by future developments that the greatest good to the whole profession is our aim always.

When comparing our Magazine with "The American Journal of Nursing," there are some points that should be kept in mind: (1) There are at least five times as many nurses in the United States as in Canada; (2) The nurses of the United States have put many thousands of dollars into their Journal, quite apart from their yearly subscriptions.

Let us have more evidence of this lively interest. Suggestions are always helpful. The co-operation of all the nurses of Canada is needed to built up and improve our Magazine. The work is not easy, neither is it soon accomplished, but when each nurse realizes her responsibility to the Magazine, then may we hope to make "The Canadian Nurse" more nearly conform to our ideals.

THE SHORT COURSE SCHOOLS

The increasing number of these schools forces the nursing profession, if it would maintain its standards, to take some means of placing in the hands of young women, who contemplate the study of nursing, information that will enable them to make wise choice of a Training School.

A campaign of publicity, with this object, has been inaugurated by the Graduate Nurses' Association of Ontario.

Nurses will be glad to know that at least one paper in Canada utterly refuses to publish an advertisement from any of these schools.

We refer to The Telegram, Toronto, from which we copy the following editorial:

"NURSING TAUGHT BY MAIL."

"Publicity should undertake the duty that legislation fails to discharge in the work of protecting the innocent against abuses of the corresponding school system.

"The innocent may be roughly divided into two classes—the dupes who pay out their money to be taught nursing by mail, and the victims who officiate as patients for the graduates of correspondence schools of nursing.

"The correspondence school has its uses. The educational facilities of a correspondence school are applicable to the work of preparation for a career in some vocations. The correspondence school, like the cobbler, should stick to its last. The Carnegie report on medical education in America exposes the correspondence school in all the iniquity of its pretence that the science of medicine and surgery could be taught by mail. The Carnegie report aimed its condemnation at the theory that efficient doctors could be graduated from correspondence schools. The same condemnation should overwhelm the correspondence schools which undertake to train and graduate nurses by mail.

"The Medical Council should be able to find statutory power to interview physicians who give their services to correspondence schools which profess to qualify young women for a career as trained nurses. Physicians are under obligation to uphold the honor of a dignified profession. These physicians should explain how a correspondence school can equip its students for careers as trained nurses without the toils of a course of study and the drudgery of an experience in a well-equipped hospital.

"Publicity and legislation should not invade any sphere in which correspondence schools may do useful work and serve a good purpose. The correspondence school may be perverted to the profit of charlatans and become a menace to society, when its immediate activities capture the pennies of young women who imagine they can be taught nursing by mail, and its ultimate activities may endanger the lives of people who accept a diploma from a nursing mill as proof of fitness for the care of the sick. The noble profession of nursing should be as carefully guarded from the ravages of the charlatan as the profession of medicine."

THE TRAINED NURSE.

The following, taken from "The Outlook" for April, gives some idea of what the nurses of New York State are seeking to accomplish by their new Bill:

"The uniformed medical nurse, popularly known as the "trained nurse," has come to be regarded as quite as essential to the welfare of the patient in any serious medical or surgical case as the operating surgeon or the attending physician. The profession of the trained nurse, although a very young one, is a very honorable one. The modern trained nurse requires a high degree of skill and technical education, because great responsibility for the care of operative wounds, or the administering of medicine, or of other procedure in times of emergency, is left in her hands by the attending physician. It is practically only within ten or twenty years that the law has recognized this responsibility and has therefore endeavored to protect both the public and the skilled nurse by practice acts which are comparable to the laws regulating the practice of medicine. The genuine trained nurse is a graduate of a legally organized training school, carried on in connection with a hospital; but the demands of the public have become so great, and the desire of women to enter this fine and useful profession has so increased, that there are many schools not connected with hospitals which profess to train nurses by the use of text-books and theories, sometimes by the use of nothing but correspondence. The best obtainable statistics show that there are about twenty thousand trained nurses practising in the United States who have obtained their preparation in hospitals. It is believed by those who have investigated the matter that from five to ten times as many women are practising as trained nurses who have had no hospital preparation. The various associations of hospital nurses are now endeavoring to have the law definitely recognize the distinction between the adequately trained nurse and the inadequately trained nurse. It has been found that the endeavor to establish this distinction by making it illegal to use the adjective "trained" or the adjective "registered" by any nurse who is not a graduate of a legally established training school is insufficient. In the State of New York, therefore, a bill has been introduced into the Legislature which forbids any man or woman to "hire himself or herself out as a nurse, or to use the term nurse," unless such person shall be a graduate of a training school approved by the Regents of the State of New York. The bill does not prevent others than hospital school graduates from attending sick persons or assisting physicians in the sick-room, but such attendants must call themselves "attendants," and not "nurses." With the object of this bill we are in hearty sympathy. There is a distinct and valuable function which such attendants as are not registered nurses can perform; the schools that are educating them ought to go right on educating them; it would be a misfortune to a great mass of people who need their services if they were prevented from attending the sick; but when a physician or a family are employing what they believe are hospital nurses, there

ought to be some guarantee that they really are hospital nurses. The word nurse, however, is a generic term that for generations has had common use wherever the English language is spoken. We think it is open to question whether an act of the Legislature, howere desirable its object may be, can educate the public by the stroke of a Governor's pen to abandon the generic use and to adopt a specific and technical use in its place."

THE MAJESTY OF DEATH.

This subject received editorial notice in the January, 1910, number of "The Canadian Nurse," but it would seem fitting and necessary to again emphasize the contribution of a valued correspondent in that issue. After speaking of the many improvements which might be made in our hospital mortuaries and public morgues, the writer goes on to say: "We all know how bare and cold such places are and in many cases most gruesome. Surely the body which God created should receive due and proper respect after death as well as before, and should we not try to make the places where the bodies are kept awaiting burial less horrifying to the friends. Nothing unnecessary need be done, but enough to make for respect and reverence."

"Due and proper respect after death as well as before." Yes, surely that is not asking too much. Any nurse who is tempted to accord anything less than this should seriously ask herself, "What action on the part of the nurse would I appreciate if I stood in the place of relative or friend?"

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

The Toronto Branch of the Guild of St. Barnabas has held, up to date, six meetings during the year, with an average attendance of ten. Considering the fact that so many of the members are on private duty the attendance was very good. A great interest was shown by those attending.

There are 34 members and associates and four honorary members, total, 38. Of this number, two have resigned, one was married in April, one has gone to Montreal, and Miss Bryce has gone to work in Labrador. Seven members are out of town, leaving now just 21 in town, as the Secretary will be away for a year.

At the annual meeting in June (postponed twice to the 22nd) Rev. J. S. Broughall took the service, as the chaplain was away, and the service in February was held in conjunction with the Lenten service in St. Augustine's Church. Out of the funds on hand in December, the members voted $5.00 towards the Christmas baskets sent out by the Heather Clubs.

A suggestion has been made that some definite work be undertaken to help in the Down-town Social Service work, and it is hoped to start work in the Autumn.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908).

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street West, Toronto; Second Vice-President, Miss G. A. Read, 156 John Street, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees — Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

Efforts are being made by the Executive to counteract the harm done by Short Course Schools of Nursing by seeking to get into touch with young women who contemplate the study of nursing. As this means a good deal of outlay, the different organizations of the Province are being asked to co-operate in a scheme of advertising, so that the benefit may be as far-reaching as possible, and the expense not be too great for any one Association.

If some information regarding Training Schools for Nurses is given these intending pupils, they will be in a position to choose wisely and not be led to devote time and money to a short course which soon proves of little value.

This matter will be further discussed at the Annual Meeting on May 23rd.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

The regular monthly meeting of the Alumnae Association was held May 6th. Miss Coleman, the President, occupied the chair. Considerable business was discussed, and the members decided to hold another meeting on June 2nd. Miss B. M. Simpson and Miss Deyman were appointed delegates to the annual meeting of the G.N.A.O. in Toronto. Miss Bell's resignation was accepted as "Canadian Nurse Representative," and Miss Bessie Sadler appointed.

The friends of Miss Madden, Superintendent of Nurses, will be pleased to hear she has sufficiently recovered from her recent illness to resume her duties at the H. C. H.

Miss Murphy, Class '09, who recently underwent an operation for appendicitis, is now convalescing.

Shannon-Kells—At St. Peter's Church Rectory, by the Rev. J. W. Ten Eyck, on Wednesday, April 30th, 1913, Anna Violet, daughter of Mrs. Wm. Kells, Listowel, to Cecil R. Shannon of Hamilton. Mrs. Shannon is a Graduate of H.C.H.

Briggar—At City Hospital, on Wednesday, April 16, 1913, to Mr. and Mrs. Charles H. Briggar, a son. Mrs. Briggar (nee Edith Glass) is a Graduate of H.C.H.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.
Vice-Presidents—Mrs. Petrie and Miss Dunlop.
Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.
Registrar—Mrs. Burch, 175 Mansfield St.
Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The lecture on Tuesday, April 29th, brought our courses of 1912-13 to a close. It, like those which preceded, was most helpful and instructive, and our best thanks are due to the doctors who so generously gave us of their time and talent.

Again we have to record with regret the death of a member, Miss Cavanagh, who came to us from Bristol, in March, 1910. She was always keenly interested in everything pertaining to the Association, and we extend our sympathy to her friends in their bereavement.

Dr. Gordon delivered an excellent lecture on "Diet in Health and Disease," in which he said that, foods include all the materials taken in by mouth for purpose of maintaining body weight and body heat, for doing body work. They are divided into three classes—proteids, fats and carbohydrates, salts—and all go to provide fuel, water and oil for body engine. An important point to bear in mind is that this is as truly a chemical process as using gasoline for an automobile. You can't get blood out of a post, and only the energy which the food contains can be extracted—this energy is the same as if the food were burned outside the body.

With body at absolute rest, all energy is expended as heat and in the light running of the heart, liver and brain engines; in exercise is added the work done by the muscles.

The amount of energy which any food possesses is measured in calories—a calorie is the amount of heat which will raise one kilo of water from 0 to 1c. The average man on average work requires about 3,000 calories to maintain him in weight and strength. Of this a certain quantity must be protein to supply the breaking down of

body cells. The balance may be distributed between fat and carbohydrates, according to availability.

Muscular work demands increase of carbohydrates and fats—body has limit to warehousing protein which can be raised and lowered. Above this limit it goes out as urea.

If, now, purely chemical and mechanical methods were all, we could weigh the patient, give him so much dry flour, so much raw meat, and so much lard. But now comes in the question of digestibility.

"Now let digestion wait on appetite." No truer word was ever spoken.

The preparation of food for assimilation is made by the digestive juices, and the secretion of these is under the control of the nervous system. The mouth waters at sight or smell of food, and Pawlow has shown that the stomach secretion does the same.

The manner and circumstances under which food is served means so much. For instance, we all know that at a banquet, with beautiful flowers and music, linen, silver, glass, etc., one can eat more and digest it perfectly, than a meal partaken in dingy surroundings, and poorly served, such as finding a hair in the soup. Speaking of soup, the only other stimulant of gastric function is extractives of meat. Soup as first course at meals is beneficial.

In fevers, food must be diluted. From the poison of the disease the digestive tract is impaired, and foods are required which will yield a maximum of caloric values with minimum of stress upon digestion, such as milk. But milk contains but 320 calories per pint, and though the patient may be kept alive he will lose weight. Sugar of milk has of late been added to typhoid diet with advantage.

Diabetes is the disease, par excellence, which may be influenced by diet. For some reason the body has lost the power of making use of carbohydrates. Sugars and starches may be eaten, but the machinery for utilizing them is out of gear. They are no longer currency in the body. Suppose that 3,000 calories are required, the 1,600 usually furnished by carbohydrates are no longer available, so the diet must be supplemented by increase of fats and proteids. Different cases have a different toleration limit, so the method of treatment is to put the patient first upon an absolutely non-starch diet, and test the urine. If sugar is still passed it shows that the proteid is being converted into sugar, and proteids should be cut off.

In tuberculosis the diet should be largely of meat. First, because only proteid can replace proteid, and second, because a raw meat diet has distinct antibacterial properties—chops, steaks, roasts, beef juice, raw eggs and milk. Because proteids are spared by carbohydrates and fats, these should be given largely in diet.

In the lesion of gastric ulcer we have to do with a rent in the

mucous of the stomach, and an increased acidity of the gastric juice. One plan of dieting is by neutralizing the acidity by large quantities of albumen, which furnishes a relatively large number of calories, and does not cause distention—eggs, milk, sugar, butter, scraped beef, soft rice.

In nephritis, there are so many varieties of this affection that each is a law unto itself. Two opposing claims must be met, the kidneys must be saved work, but the body must not be starved.

Salts and condiments of all kinds are irritants, and, with stimulants, are prohibited, and fluids are restricted.

PURGATIVES BEFORE OPERATIONS:—*The Canada Lancet* says: Ralph Waldo, M.D., New York, contends that it is a bad practice to give purgatives a day or two before performing a laparotomy. If you do, the patient is apt to suffer severely from gas pains for several days following the operation, and an evacuation from the bowels is difficult to obtain. If the operation is to be performed in the morning, a simple enema should be given the night before, and if during the afternoon, this should be done the same morning.

As soon as a patient has been put to bed after a laparotomy an enema of one pint of hot water (110 F.) containing one ounce of whiskey should be administered. This hastens reaction and prevents the severe thirst that is so apt to follow laparotomies. Hot saline is not absorbed as rapidly as hot sterile water, and so should not be used.

If a patient is thirsty after a laparotomy small quantities of water, hot or cold, should be given at short intervals. I usually instruct the nurse to let the patient have all the water she wants in teaspoonful amounts. If a large quantity of water is given at a time, it is apt to cause vomiting. On the other hand, a small quantity at frequent intervals will frequently arrest nausea and vomoting.

Severe vomiting with possibly acute gastric dilation will be very much relieved by washing out the stomach. In fact, this procedure will save many a life.

The too free use of catharties following a laparotomy usually does more harm than good. A simple enema once or twiee a day is usually all that is necessary.

A rectal tube inserted four or five inches once in two hours, and allowed to remain twenty minutes each time, will frequently allow gas to escape and stimulate peristatic action.

SOCIAL SERVICE AND HOSPITAL EFFICIENCY

By Helen R. G. Reid, B.A., Director Social Service Department of the Victorian Order of Nurses, Montreal.

Mark Twain once said of the New England weather, that "Everybody was talking about it, but nobody did anything." In regard to Social Service Work some of us are trying to do something and we hope that many will talk about it.

It has been said that cities have no conscience, and this often seems true when we read of typhoid epidemics, the summer slaughter of young babies, the unrestricted prevalence of tuberculosis and the highest death-rate among civilized nations. Doctors and institutions already overtaxed are often left to grapple with hydra-headed evils which the unintelligent and sometimes unscrupulous guardians of civic health and virtue have allowed to grow up in our midst. In Montreal, as elsewhere, we are slowly feeling our way towards a higher standard of efficiency in matters affecting public health and morals. If the civic sense of the value of preventive work lags behind that of the intelligent public, it means more expense to the tax-paying community, a heavier burden on charitable organizations, a greater loss of life and manhood to the country, as well as untold suffering to the family unit and individual.

Such exhibits as the Tuberculosis Exhibit and that of Child Welfare held not long ago, emphasize the note of prevention which is surely becoming as dominant in Canada as it has become across the border in all medical and charitable work. During the past ten years much has been accomplished in laying bare the needs of our communities along these lines. We are beginning now to realize that it is as great a charity to keep a man well and out of the hospital bed, as to care for him after he is in it. Who is there who would not regard it as even a greater service? Is it not better, more decent, and in the end less expensive to keep our jails empty and our schools full, to regulate our liquor traffic and lessen the number of criminals, to see to it that our homes and streets and lanes are sunny, sweet and clean, and that there is room to spare in our insane asylums, our homes for the feeble-minded

and our sanitaria for tuberculosis? In this great field of preventive work a splendid harvest awaits the efficient and properly trained worker.

In the United States, where the demand for trained workers in all philanthropic activities is recognized as vital to the success and economy of institutional work, Schools of Philanthropy and Social Service have been formed in many of the larger centres. These aim to give professional and technical training to those who desire to enter upon any form of Social Work. More especially, students are prepared for service as expert visitors for charitable institutions dealing with the care of families, as matrons or administrators, inspectors, (tenement houses, factories, etc.), social service workers in hospitals, workers in clubs and settlements, in the Public Service branches dealing with health, charities and corrections, and investigators of social conditions and institutions. Complete courses of lectures are supplemented by practical work and observation in institutions. These courses vary in length—a full diploma course in New York and Boston requiring two years, while a medico-social course to fit workers for Hospital Social Service takes, at the Boston School, five months, and in Bellevue Hospital, New York, only three months, the last being a post-graduate course open to nurses only. A large number of nurses and college graduates follow these courses and fit themselves to fill well-paid posts that await them all over the country. Over two hundred students were enrolled last year in the New York School of Philanthropy.

The day has gone when general service of an all-round kind is considered in any department of life, be it economic, industrial or professional. The man with the trade commands a better salary than the unskilled laborer, and he is, potentially, a better man because of his wider knowledge and usefulness. We pay more for our expert cooks and French dressmakers than for our "generals" and the "woman in by the day," but we now expect the efficiency that commands the higher salary. We have our Specialists in Science, Medicine and Law, and to them we turn for expert work that cannot be given by general training only. We hope for this high standard of efficiency, and as supporters in time, work, and money, we are entitled to expect it in the work of our hospitals and other public institutions.

The Social Worker is already to be found among Church Visitors and Deaconesses, in the Settlements and charity organizations, and wherever visiting is done among the poor. It is in this field that a need is being felt for greater efficiency and for workers whose one specialty—say for Nursing and Domestic Science—has been filled out, and whose mental attitude has been enlarged, by the study under expert direction of the many problems affecting public health. If we have not these workers in our midst, can we not develop them by affording opportunities for study and practical field work through educational agencies already existing here or elsewhere? If we cannot develop them, then let us import them from places where the same need has been felt and answered in the form of Social Service Schools and Schools of Philanthropy. The trained worker we must have as well as the efficient volunteer if we hope to do the best preventive work for our cities.

(To be continued.)

HOSPITALS AND NURSES.

Miss Johns, Superintendent of McKellar Hospital, Fort William, Ont., for the last two years, has resigned her position and will leave shortly for California.

Mrs. A. W. Moody has been in Victoria, B.C., for the past two months.

Miss E. Weber Herman, R.N., has accepted the position of Night Superintendent in Good Samaritan Hospital, Los Angeles, Cal.

Miss Alice Andrew has given up nursing and is doing mission work in connection with King Edward Settlement House, under the Anglican Churches of Winnipeg.

Queen Mary has consented to open the Queen Mary Hospital, erected by the National Sanitarium Association at Weston for children afflicted with tuberculosis, at a date to be fixed early in June.

Her Majesty will press a button at Buckingham Palace that will, by special arrangement with the cable company, have the effect of opening the doors of the hospital. The building will be completed early in May, and will be ready for occupation immediately after the opening ceremony.

The nurses of Winnipeg and the graduating classes of St. Boniface and the General Hospital gathered, on the invitation of the Provincial Nurses Association, at the Wolseley Avenue Home, on April 29th, when the chief topic of conversation was the Manitoba Nurses' Registration Law, the first in Canada. Miss K. Cotter was in the chair, and Mrs. J. H. R. Bond spoke briefly, outlining the steps taken from the initiation of the agitation up to the passing of the Bill. Although the latter was perhaps not all that could be desired, it yet was a long step forward in that it provided for a three year training and for provincial examinations.

The nurses were very enthusiastic over the prospect of writing "R.N." after their names, and highly congratulatory to the leaders of the movement. *Free Press News Bulletin, Winnipeg.*

The Vancouver Local Council of Women is hoping this year to make the women's department of the Vancouver Exhibition even more interesting than in the past.

The council has suggested to the manager of the exhibition that the Child Welfare exhibit at the Vancouver Mid-summer Exhibition be in charge of a joint committee from the Graduate Nurses' Association, Victorian Order of Nurses, Public Health Nurses' Association and the Problems of Childhood Committee of the Local Council of Women.

The untimely loss of Miss Alice McIntosh, who died on March the seventh, is much deplored by her large circle of friends and classmates.

Miss McIntosh was a graduate of the Montreal General Hospital class '09, and succumbed to a serious operation at that hospital.

Her work, since graduating, has been both of an institutional and private nature, latterly she had been engaged in private nursing in Montreal.

Her classmates, patients, and all who had occasion to come into contact with her, were greatly impressed with her cheerful disposition, for she ever looked on the bright side of life. She was a true friend and a devoted nurse, greatly interested in the welfare of her profession.

The graduating exercises for the class of 1913, Royal Victoria Hospital Training School, Montreal, took place on the afternoon of April 9th, when twenty-three nurses received their diplomas. The large reception room in the home was profusely decorated with flowers, and many of the friends of the graduates and of the hospital were present. Mr. Vincent Meredith was chairman; Lady Drummond gave an address to the nurses in her usual charming and interesting manner. Dr. Roddick also gave them words of kindly advice in his own delightfully cheery way. After the presentation of the diplomas and pins, by Mrs. Meredith, an adjournment was made to the dining-room, also bright with flowers, where refreshments were served. In the evening a small informal dance and supper took place in the home, each of the graduates having the privilege of inviting one friend. A very pleasant evening was spent, and we are sure the class of 1913 will look back with much pleasure to their graduating day.

Miss E. Trew (M. G. H.) has accepted the position of night superintendent in the Harbour View Sanitarium, North Vancouver, B.C.

Mrs. Mathieson, graduate of Glasgow Royal Infirmary, who has been doing private nursing in Vancouver, has taken charge of the hospital in Fernie, B.C.

The Provincial Health Exhibit, which is visiting the towns of Ontario in a Grand Trunk car, is proving of great interest and will undoubtedly be an effective means of education in the prevention of disease. Mr. E. P. Jones is in charge, and gives a careful, interesting explanation of the various exhibits to all visitors.

The District Health Inspector co-operates with Mr. Jones by giving evening lectures on the Prevention of Disease.

The annual meeting of the Florence Nightingale Association of Toronto, was held at the Nurses' Club, 295 Sherbourne St., on April 1st, 1913. There was a good attendance. The President, Miss Mc-

Kenzie, presided. In the absence of Miss Wardell, the minutes were read by Miss Urquhart. The officers for the year are:

Miss McKenzie, R.N., President; Miss Urquhart, Vice-President; Miss Wardell, R.N., Sec.-Treas.

The Executive—Miss Grant, Helen Parke, Code, Morrison, Hamilton, Hoyt, Mrs. Wigham.

After refreshments the meeting adjourned to meet on Tuesday, May 6, at 3.30.

Miss Marsh, graduate of Vancouver General Hospital, has taken charge of the operating-room at the Bute Street Hospital, Vancouver, B.C.

Dr. Hall of New Westminster, B.C., has offered to deed the municipality of Port Coquitlam two acres of land on Mary's Hill as a hospital site. The council will ask for an option to purchase three acres immediately adjoining.

The annual meeting of the Ottawa Graduate Nurses' Association was held at the Nurses' Club, 114 Carling Ave., on Monday, April 14th, at 3.30 p.m. In the absence of the President, Mrs. L. E. Harris occupied the chair. The annual report was read and showed a very successful year.

The minutes of the last annual meeting were read and accepted. The Treasurer's report, which showed quite a balance in the bank, was read and accepted. The Registrar reported 120 names in the registry, with about 700 calls for the year.

In June, 1912, a garden party was held in the Water Street Hospital grounds, and was very successful. During November and December, Miss Still gave a course of lectures in "Dieteties," which were very profitable to the nurses. A doll social was held at the club house on December 12th, at which quite an amount was realized.

We are indebted to the following for our entertainment at our different meetings:—Mrs. R. L. Borden, Miss Grace Moore, Dr. J. L. Chabot, M.P.; Dr. R. W. Powell and Mrs. Adam Shortt.

Our association, through the kindness of Mr. Andrew Haydon, is now an incorporated body.

The nurses' rates have been raised.

During the year, flowers have been sent to our members who have been ill.

The officers for the year are:

President, Miss Grace Moore; Vice-President, Mrs. R. Law; Secretary, Mrs. Hawkins; Treasurer, Mrs. Harris; Board of Directors, Mrs. Ballantyne, Mrs. Church, Miss Catton, Miss Haldane and Miss McCall.

Miss McGibbon, Lady Stanley Institute, class '10, is doing private nursing in Toronto.

Miss Sims, Lady Stanley Institute, has accepted the position of head nurse at the new Hopewell Hospital, Ottawa.

Miss Williamson, Lady Stanley Institute, Class '12, is one of the new head nurses at the Isolation Hospital, Ottawa.

Miss Elsie McKinnon and Miss Latimer, Lady Stanley Institute, class '12, are occupying positions at the Wellesley Hospital, Toronto.

The regular monthly meeting of the Berlin Graduate Nurses' Association was held at the Library Parlors on Monday afternoon, March 17th.

As Miss Crosby had kindly consented to address the nurses on the subject of Registration, invitation were extended to the Associations of Guelph, Fergus, and Galt, to send representatives.

The response was gratifying, and the attendance beyond expectation.

Miss Crosby's earnest, comprehensive address was both convincing and stimulating.

Special emphasis was laid upon uniformity of provincial standards; proper inspection of all training schools; higher educational requirements; legal status and recognition by registration. Miss Crosby dwelt upon the strong necessity for the elimination of training schools of low standards, where nurses are exploited for financial gain—no equivalent for time and service being given the nurses in these training schools—the gross injustice to the nurses and to the public. The correction of the evil can be secured only by legislation.

A discussion followed, led by Miss Neelin, Principal of the Royal Alexandra Hospital, Fergus, after which a very hearty vote of thanks was extended to Miss Crosby, and the meeting adjourned. The guests of the afternoon were entertained to luncheon at the Market Hotel.

The opening of the new wing of the B. W. Hospital, as chronicled elsewhere in your pages, was of special interest to the nurses.

The Graduate Nurses' Association and the Alumnae Association of the B. W. H., combined to furnish a ward for the use of nurses.

The color scheme throughout is delft-blue and white.

The plain white enamel furniture, the pretty delft-blue rugs, the white rattan chairs in blue repp upholstering, combined for simplicity and daintiness, and called forth many compliments.

Miss Smith, who resigned her position of Assistant Superintendent of Nicholl's Hospital, Peterborough, has been succeeded by Miss Sanderson, R.N., Graduate of University Hospital, Baltimore.

Miss Mann has succeeded Miss Roberts as Night Supervisor—both Graduates of Nicholl's Hospital.

The Graduating Exercises of the Toronto General Hospital Training School for Nurses took place on the afternoon of Friday, May 9th, in the Amphitheatre of the hospital. A large gathering of friends and graduates of the school were present when the thirty-five members of Class 1913 received their diplomas and medals. Mr. J. W. Flavelle, Chairman of the Hospital Board, presided. Rev. Dr. Rose opened with prayer. Miss R. L. Stewart, Superintendent of the Training School, read the yearly report, which showed the school to be in a flourishing condition. Dr. R. A. Reeve, who has been connected with the training school since its inception, addressed the Graduating Class. Dr. A. H. Wright presented the diplomas and medals. The prize list was as follows: Senior year—The Dr. J. F. W. Ross Scholarship for General Proficiency—instituted by Dr. J. F. W. Ross and continued by Mrs. Ross—was presented by Dr. Marlow to Miss S. I. Mitchell, Alliston, Ont.; The Dr. H. A. Bruce Scholarship for Proficiency in Operating Room Technique was presented by Dr. Bruce to Miss L. F. Holditch, Port Robinson, Ont.; Prizes for the highest standing in examinations, given by Dr. Charles O'Reilly, was presented by Dr. McCollum to Miss Bertha Harmer, Toronto; Prize for neatness and order, given annually by Mrs. R. B. Hamilton, was presented by Mrs. Hamilton to Miss J. A. Dunbar, Edinborough, Scotland.

In the Intermediate Year, the J. D. Patterson Scholarship for general proficiency was awarded to Miss May Shaver, Wales, Ont.; The R. L. Patterson Scholarship for highest standing in examinations, to Miss Florella Stevenson, Toronto.

In the Junior Year, The Arthur McCollum Memorial Scholarship for general proficiency was awarded to Miss Marion Keyf, Galt, Ont.; The Walter S. Lee prize for highest standing in examinations, to Miss Florence Dolson, Toronto.

At the close of the exercises, Miss Steward and Miss Charlton received the guests in the Nurses' Parlors, which were beautifully decorated with ferns, Marguerites and palms. The very pleasant social hour here brought to a close the last graduation exercises that will be held in the old Toronto General.

The Board of Education, Toronto, inaugurated "Classes for Little Mothers," in three of the schools on Saturday morning, May 10th, 1913—at Victoria Street School, "Hester How" School and McCaul Street School. That the "Little Mothers" were intensely interested was very evident, and much good will result from the education given in these classes. These children have a great deal of the care of their younger brothers and sisters, and if they are taught to care for them in the right way, the little ones will assuredly reap the benefit.

At Victoria Street School was organized the first "Little Mothers'

League'' in Toronto, probably in Canada, with the object of teaching the ''Little Mothers'' ''the proper feeding, bathing and dressing of babies, bed-making, making of the clothing, in fact everything that pertains to the welfare of the babies.''

The Graduate Nurses' Association of Thunder Bay District held its regular meeting on May 1st, when, following the suggestion of Dr. Oliver, this resolution was passed: ''Resolved, that the work of City Nurse and of School Nurse are two separate offices requiring two nurses.'' Miss Blackmore gave a talk on ''Experiences of District Nurse.''

Misses Regan and Blackmore were appointed delegates to the Canadian National Association of Trained Nurses which meets at Berlin, Ont., on May 20, 21 and 22, 1913.

At a meeting of the Graduate Nurses of Peterborough, held in the Board Room of the Public Library, April 16th, a chapter of the Graduate Nurses' Association of Ontario, was formed. Miss Mowry, Superintendent of Queen Mary Hospital, was appointed Chairman; Miss Howson, 188 Edinburgh St., Secretary-Treasurer.

Beginning with a membership of eight, to which seven have since been added, it is hoped that soon all the graduate nurses shall become members. Miss Crosby, who was present, gave a most interesting informal talk, dealing with the questions of greatest interest to nurses at present, in her own inspiring way.

Miss Crosby was the guest of Miss Mowry while in Peterborough.

Miss I. K. Bradshaw, who recently resigned her position as Social Service Nurse in connection with the Winnipeg General Hospital, has, we regret to say, been ill in the hospital for the last month.

Miss Jean Matheson has gone to the hospital in Revelstoke, B.C., to be Superintendent.

Miss Lily Kidd has resigned her position as staff nurse in Winnipeg General Hospital, and gone to Kootenay Lake Hospital, Nelson B.C., to fill the lady superintendent's position.

Nurses' examinations are the order of the day in the training schools throughout the Province.

Miss Birtles, Superintendent of General Hospital, Brandon, who recently underwent an operation, has, we are glad to say, almost recovered.

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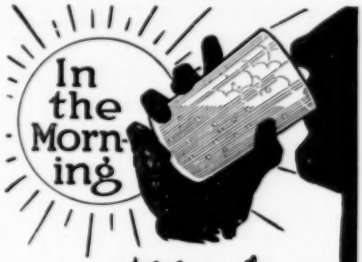

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That this is a second edition of this work is proof positive of its value. Its sections on Anatomy and Physiology; Hygiene; Bacteriology; Therapeutics and Materia Medica; Dietetics; Invalid Cookery and Questions for Review give the first year pupil an opportunity to master the principles and essentials so necessary as a foundation for future knowledge.

"Clinical Studies for Nurses," a Text-book for second and third year pupil nurses, and a handbook for all who are engaged in caring for the sick. By Charlotte A. Aikens, formerly Superintendent of Columbia Hospital, Pittsburg, and of Iowa Methodist Hospital, Des Moines; late Director of Sibley Memorial Hospital, Washingto, D.C.; Author of "Hospital Housekeeping," "Hospital Training School Methods and the Head Nurse," "Primary Studies for Nurses," "Hospital Management" and "Home Nurses' Handbook." Second edition, thoroughly revised, 12 mo of 569 pages, illustrated; W. B. Saunders Company, Philadelphia and London. Canadian Agents, The J. F. Hartz Co., Ltd., Toronto.

This volume is the second of the series designed to assist in securing graded instruction for pupil nurses, and again, the essentials are emphasized and the time and energy of the pupil conserved by the omission of all unnecessary detail. This second edition has been brought up-to-date in every way.

Dr. Hecker's address on "The Overstrain of Nurses," which called forth such unlimited praise at Cologne, has been translated into English by Frau Gain Praetorius and Frau Anita Becker. It may be ordered from Miss L. L. Dock, 265 Henry St., New York, price 12 cents, post paid.

Two especially timely books on the spring list of Ginn and Company, 29 Beacon St., Boston, Mass., are "School and Home Gardens," by W. H. D. Meier, and "Agronomy: Practical Gardening for High Schools," by Willard N. Clute. The former is an eminently practical handbook for the amateur gardener, giving definite directions for the

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W. B. Saunders Company, Publishers, of Philadelphia and London, have issued another edition (seventeenth) of their handsome illustrated catalogue.

In going through this edition we find it describes nine new books and ten new editions, not described in the previous issue. These new books are of great interest to the medical man, because they treat of subjects being daily discussed in medical circles.

The catalogue also contains descriptions of a number of books that nurses need every day.

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Church—At Ottawa, on March 31st, 1913, to Dr. and Mrs. H. Church, a daughter. Mrs. Church (nee Major) is a Graduate of the Royal Victoria Hospital, Montreal, Class '98.

Law—At Ottawa, on April 11th, 1913, to Dr. and Mrs. R. Law, a son. Mrs. Law (nee Burns) is a Graduate of the General Hospital, Water Street, Class '02.

MARRIAGES

Gardner, Smythe—At Ottawa, on April 3rd, 1913, Miss Lillian Smythe, Graduate of St. Luke's Hospital, Ottawa, Class '10, to Dr. Lorne Gardner.

Bennett-Hallett—At St. James Church, London, Ont., on April 23, 1913, Miss Eunice H. Hallett, Graduate of Isolation Hospital, Toronto, to Mr. Henry H. Bennett, of West Hill, Ont. Mr. and Mrs. Bennett will reside at 16 Pearson Park Ave., Toronto.

Brockel-Dale—At 31 St. Mary St., Toronto, by the Rev. Mr. Weston, Pastor of Immanuel Baptist Church, Toronto, Miss Sarah Dale, Graduate of Grace Hospital, Toronto, to Mr. Philip F. Brockel. Mr. and Mrs. Brockel will reside at Apt. C., Overdale Ave., Montreal.

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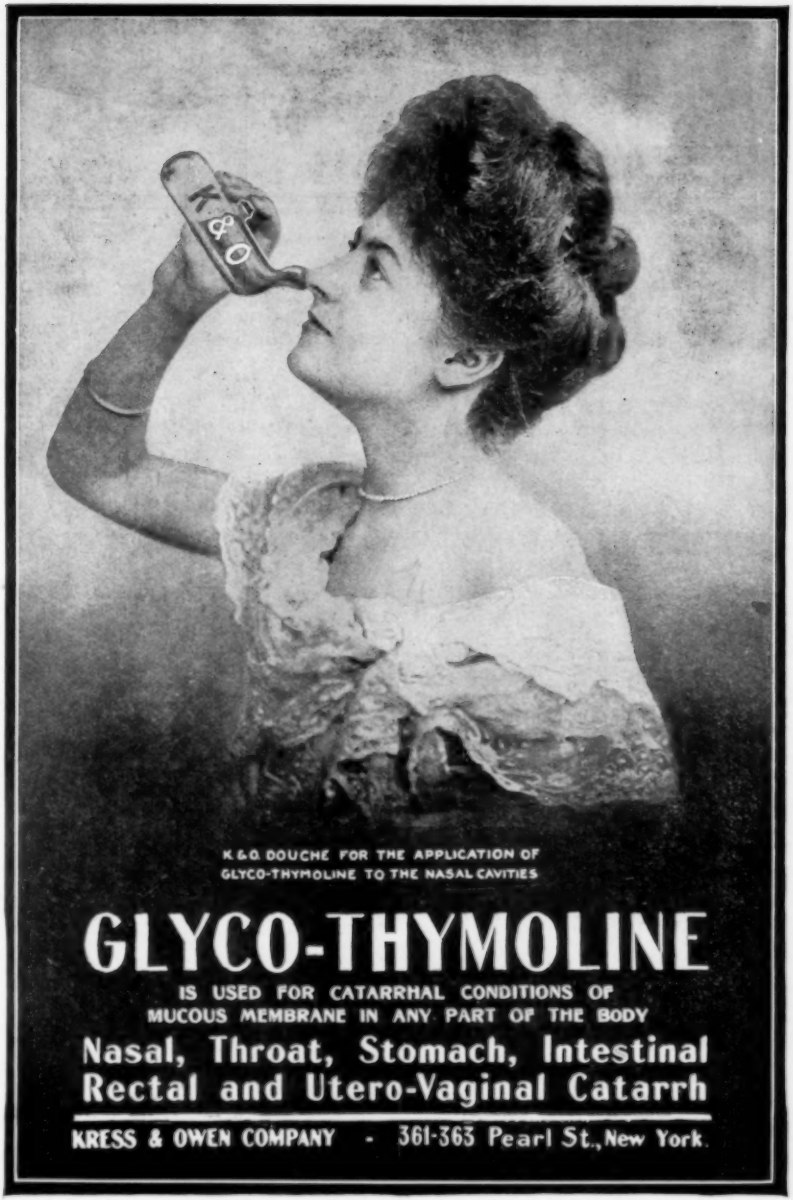
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